Ministry of Public Health

Position Paper on Decentralisation in the Health Sector

Summary

The Ministry of Public Health (MoPH) and its stakeholders have been discussing the subject of decentralisation to the provincial health level for the last 4-5 years. A draft strategy has been under development for the past two years ago. More recently, October 2014, a paper\(^1\) was produced that presented the results of a study that assessed the capacity of MoPH provincial public health offices (PPHOs) in Afghanistan to function as effective and efficient decentralized offices.

One of the main findings of the study was that stakeholders, at both central and provincial levels, highlighted the need for the health sector to be cautious about going ahead with decentralization in the absence of wider supportive government will, commitment, law and regulations. In addition, it was noted that central level cannot transfer skills and knowledge related to governance and public health if it is itself not effectively demonstrating such capacity\(^2\).

The key recommendation was that ‘before there is any delegation from national to provincial level in the health sector, the central MoPH should focus on strengthening its institutional functioning’. ‘Meanwhile, the values and the political context of the new government, including national policy, legal and provincial framework, will emerge and decentralization, and maybe also re-centralization issues, made more explicit. Concurrently, the MoPH, with PPHOs, can be developing a plan to specify: a) an incremental approach to greater delegation of authority and of some functions to provincial level; b) how capacity strengthening will be undertaken; and what capacity strengthening will take place, when and where’.

Next steps

In the light of the findings of the GI-A study and the new political context in the country, the Minister of Public Health, Dr Feroz has decided that the finalisation of the strategy on decentralisation in the health sector should be put on hold for the time being. The position of the central government will be kept under review. When it is clearer, especially in terms of political will, the legal framework and the issues and types of functions central government is committed to decentralise then the MoPH will re-assess its’ position.

\(^1\) GIA-A, 2014, Assessment of feasibility options of decentralization within the health system of Afghanistan by the Governance Institute-Afghanistan in collaboration with Management Sciences for Health, Kabul, funded by USAID

\(^2\) See annex A for the approach to, and some more conclusions from the study
Annex A. Approach to, and some more conclusions from the study (not in order of priority)

Approach
The authors state in the paper that at the outset they ensured that they were clear about the term ‘decentralization’ as applied to, and within, the country context and also the purpose of decentralization.

Other factors that influenced the approach included the importance of bearing in mind that provincial health offices are only one element of a much wider health system; not underestimating the very real progress that has been made in some aspects of governance and in health service delivery since 2002; and the crucial recognition that options for decentralization in the health sector must not be developed in isolation of wider contextual factors.

In addition, international literature on decentralisation was reviewed and a number of relevant challenges to decentralization were found which influenced the design of the methodological tools for the assessment. Such challenges include the complexity of the process of decentralization, the evidence that, for example, the impact of decentralization on equity is mixed and inconclusive, and that there are a number of pre-determining factors in the wider context to successful decentralization including the quality of state and institutional governance. Finally, a mix of qualitative and quantitative methods were used to assess capacity.

Some more conclusions
There was remarkable consistency in the opinions of stakeholders when assessing the present capacity of the MoPH provincial public health offices (PPHOs) in Afghanistan to function as effective and efficient decentralized offices.

One form of decentralization was often mentioned, that of delegation. If various functions were effectively delegated then stakeholders thought that there would be better ownership of programs, more appreciation of the need to have better oversight of the values of the MoPH and more interest in getting positive results. But decisions and implementation on the ‘what’ and the ‘how’ need to be incremental and dependent of the wider new governmental context.

Based on a self-ranking exercise by PPHOs, leadership, coordination, communication, supportive supervision, oversight of health service delivery and M&E are the functions they think they have the best capacity in. Pharmaceutical management, measuring disease burden and trends, referral system and inter-sectorial collaboration were identified as needing capacity strengthening.

There are high levels of awareness and open discussion about the challenges to effective and efficient delegation. Among those mentioned corruption, nepotism, ambiguity in procedures and level of authority, long bureaucratic procedures, poor capacity of staff related to low pay, insecurity and poor coordination among different governmental departments featured the most often.

Last but not least an overall conclusion about capacity building in the health sector is that the MoPH and a number of donors have fallen into the category of stakeholders who see capacity building as little more than the ‘training’ of individuals with attendance at workshops, seminars and conferences. In formal and informal discussions during the study the words ‘mentoring’, ‘coaching’ and ‘institutional capacity’ never came up.